

IPW

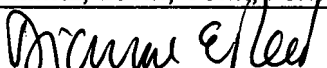
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/772,781
		Filing Date	February 4, 2004
		First Named Inventor	Jerry B. Gin
		Art Unit	1614
		Examiner Name	Lezah Roberts
Mail Stop	Amendment	Attorney Docket Number	1375-0001.20

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$60.00 Fee Transmittal <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - ____ Affidavits/declaration(s) <input checked="" type="checkbox"/> One-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ____ Sheets <input type="checkbox"/> Compact Disk(s) - ____ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):
---	---	--

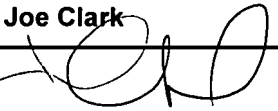
REMARKS

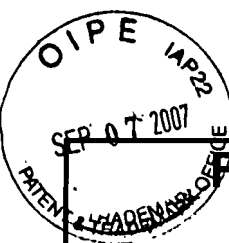
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Dianne E. Reed, Reg. No. 31,292 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	September 4, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Joe Clark		
Signature		Date	September 4, 2007



FEE TRANSMITTAL

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	10/772,781	
		Filing Date	February 4, 2004	
		First Named Inventor	Jerry B. Gin	
		Examiner Name	Lezah Roberts	
TOTAL AMOUNT OF PAYMENT		\$60.00	Group Art Unit	1614
			Attorney Docket No.	1375-0001.20

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																	
<input checked="" type="checkbox"/> Deposit Account:																																																					
Deposit Account No.		18-0580																																																			
Deposit Account Name		Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.																																																			
The Commissioner is authorized to: (check all that apply)																																																					
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayments																																																					
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																																					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																					
FEE CALCULATION																																																					
1. BASIC FILING, SEARCH AND EXAMINATION FEES																																																					
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee (filed on or before 12/8/04)</td><td></td></tr><tr><td>1011</td><td>300</td><td>2011</td><td>150</td><td>Utility filing fee (filed after 12/8/04)</td><td></td></tr><tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Search Fee</td><td></td></tr><tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Examination Fee</td><td></td></tr><tr><td>1081</td><td>250</td><td>2081</td><td>125</td><td>For each additional 50 sheets exceeding 100</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td></td><td>\$</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	790	2001	395	Utility filing fee (filed on or before 12/8/04)		1011	300	2011	150	Utility filing fee (filed after 12/8/04)		1111	500	2111	250	Search Fee		1311	200	2311	100	Examination Fee		1081	250	2081	125	For each additional 50 sheets exceeding 100		SUBTOTAL (1)					\$				
Large Entity		Small Entity		Fee Description	Fee Paid																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																		
1001	790	2001	395	Utility filing fee (filed on or before 12/8/04)																																																	
1011	300	2011	150	Utility filing fee (filed after 12/8/04)																																																	
1111	500	2111	250	Search Fee																																																	
1311	200	2311	100	Examination Fee																																																	
1081	250	2081	125	For each additional 50 sheets exceeding 100																																																	
SUBTOTAL (1)					\$																																																
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																					
<table border="1"><thead><tr><th>Total Claims</th><th>Independent Claims</th><th>Multiple Dependent</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>132</td><td>10</td><td></td><td>0</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>0</td><td></td><td></td></tr></tbody></table>				Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid	132	10		0						0																																		
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																
132	10		0																																																		
			0																																																		
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claim in excess of 20</td><td></td></tr><tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td></td><td>\$</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claim in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	** Reissue independent claims over original patent		1205	50	2205	25	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$				
Large Entity		Small Entity		Fee Description	Fee Paid																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																		
1202	50	2202	25	Claim in excess of 20																																																	
1201	200	2201	100	Independent claims in excess of 3																																																	
1203	360	2203	180	Multiple dependent claim, if not paid																																																	
1204	200	2204	100	** Reissue independent claims over original patent																																																	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent																																																	
SUBTOTAL (2)					\$																																																
				Fee Description																																																	
				Surcharge - late filing fee or oath																																																	
				Surcharge - late provisional filing fee or cover sheet																																																	
				Non-English specification																																																	
				For filing a request for <i>ex parte</i> reexamination																																																	
				Requesting publication of SIR prior to Examiner action																																																	
				Requesting publication of SIR after Examiner action																																																	
				Extension for reply within first month																																																	
				Extension for reply within second month																																																	
				Extension for reply within third month																																																	
				Extension for reply within fourth month																																																	
				Extension for reply within fifth month																																																	
				Notice of Appeal																																																	
				Filing a brief in support of an appeal																																																	
				Request for oral hearing																																																	
				Petition to institute a public use proceeding																																																	
				Petition to revive - unavoidable																																																	
				Petition to revive - unintentional																																																	
				Utility issue fee (or reissue)																																																	
				Design issue fee																																																	
				Plant issue fee																																																	
				Processing fee under 37 CFR 1.17(q)																																																	
				Submission of Information Disclosure Stmt																																																	
				Recording each patent assignment per property (times number of properties)																																																	
				Filing a submission after final rejection (37 CFR § 1.129(a))																																																	
				For each additional invention to be examined (37 CFR § 1.129(b))																																																	
				Request for Continued Examination (RCE)																																																	
				Request for expedited examination of a design application																																																	
				Statutory Disclaimer																																																	
				Other fee (specify)																																																	
				*Reduced by Basic Filing Fee Paid																																																	
				SUBTOTAL (3)																																																	
				\$60.00																																																	

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Dianne E. Reed	Registration No. (Attorney/Agent)	31,292	Telephone	(650) 251-7700
Signature	<i>Dianne E. Reed</i>	Date	9/4/07	September 4, 2007	